

MDR Tracking Number: M5-05-0496-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution - General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division (Division) assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on 10/11/04.

The Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. The IRO agrees with the previous determination that the aquatic therapy, chiropractic manipulative treatment and mechanical traction from 11/14/03 through 12/20/03 were not medically necessary. Therefore, the requestor is not entitled to reimbursement of the IRO fee.

Based on review of the disputed issues within the request, the Medical Review Division has determined that medical necessity was the only issue to be resolved. As the aquatic therapy, chiropractic manipulative treatment and mechanical traction were not found to be medically necessary, reimbursement for dates of service from 11/14/03 through 12/20/03 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 20<sup>th</sup> day of January 2005.

Pat DeVries  
Medical Dispute Resolution Officer  
Medical Review Division

PRD/prd

Enclosure: IRO Decision

January 19, 2005

Texas Workers Compensation Commission  
MS48  
7551 Metro Center Drive, Suite 100  
Austin, Texas 78744-1609

#### **NOTICE OF INDEPENDENT REVIEW DECISION**

**RE: MDR Tracking #: M5-05-0496-01**  
**TWCC #:**  
**Injured Employee:**  
**Requestor: East Texas Chiropractic**  
**Respondent: Employers Insurance Co. of Wausau**  
**MAXIMUS Case #: TW04-0522**

MAXIMUS has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The MAXIMUS IRO Certificate Number is 5348. Texas Worker's

Compensation Commission (TWCC) Rule §133.308 allows for a claimant or provider to request an independent review of a Carrier's adverse medical necessity determination. TWCC assigned the above-reference case to MAXIMUS for independent review in accordance with this Rule.

MAXIMUS has performed an independent review of the proposed care to determine whether or not the adverse determination was appropriate. Relevant medical records, documentation provided by the parties referenced above and other documentation and written information submitted regarding this appeal was reviewed during the performance of this independent review.

This case was reviewed by a practicing chiropractor on the MAXIMUS external review panel who is familiar with the condition and treatment options at issue in this appeal. The reviewer has met the requirements for the ADL of TWCC or has been approved as an exception to the ADL requirement. The MAXIMUS chiropractor reviewer signed a statement certifying that no known conflicts of interest exist between this chiropractor and any of the treating physicians or providers or any of the physicians or providers who reviewed this case for a determination prior to the referral to MAXIMUS for independent review. In addition, the MAXIMUS chiropractor reviewer certified that the review was performed without bias for or against any party in this case.

#### Clinical History

This case concerns a male who sustained a work related injury on \_\_\_\_\_. The patient reported that while at work he injured his back when he fell from a parked truck. The patient is status post 3 back surgeries with 2 levels of disc fusion. The patient presented to the current treating doctor after being referred for aquatic therapy to further treat his condition. The patient's current diagnoses include lumbar intervertebral disc syndrome, sciatic neuralgia, and cervical intervertebral disc syndrome. The current treatment for this patient's condition includes aquatic therapy, chiropractic manipulation, and mechanical traction.

#### Requested Services

Aquatic therapy, chiropractic manipulative treatment, and mechanical traction from 11/14/03 through 12/30/03.

#### Documents and/or information used by the reviewer to reach a decision:

##### *Documents Submitted by Requestor:*

1. SOAP Notes 10/23/03 – 1/15/04
2. Letter of Medical Necessity 12/15/04

##### *Documents Submitted by Respondent:*

1. Concurrent Review 2/1/02
2. Peer Review 1/15/04
3. Same as above

### Decision

The Carrier's denial of authorization for the requested services is upheld.

### Rationale/Basis for Decision

The MAXIMUS chiropractor reviewer noted that this case concerns a male who sustained a work related injury to his back on \_\_\_\_\_. The MAXIMUS chiropractor reviewer also noted that the patient is status post 3 back surgeries and that the current diagnoses for this patient include lumbar intervertebral disc syndrome, sciatic neuralgia, and cervical intervertebral disc syndrome. The MAXIMUS chiropractor reviewer further noted that the patient was referred to the current treating doctor for aquatic therapy. The MAXIMUS chiropractor reviewer explained that the additional care this patient received did not significantly improve the patient's symptoms. The MAXIMUS chiropractor reviewer also explained that because the patient failed to show improvement with the treatment rendered, the care was not medically necessary. Therefore, the MAXIMUS chiropractor consultant concluded that the aquatic therapy, chiropractic manipulative treatment, and mechanical traction from 11/14/03 through 12/30/03 were not medically necessary to treat this patient's condition.

Sincerely,  
**MAXIMUS**

Elizabeth McDonald  
State Appeals Department